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## **EXHIBIT R**

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**FILED**

DOCUMENT# P16000057670

**Entity Name:** HMD AMERICA, INC.

**Feb 14, 2019**  
**Secretary of State**  
**3790310343CC**

**Current Principal Place of Business:**

1200 BRICKELL AVE., STE. 510  
MIAMI, FL 33131

**Current Mailing Address:**

1200 BRICKELL AVE., STE. 510  
MIAMI, FL 33131 US

**FEI Number:** 81-3270962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOYOS, CRISTINA  
1200 BRICKELL AVE., STE. 510  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CRISTINA HOYOS

02/14/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           CHIN, SAMUEL W  
Address        1200 BRICKELL AVE., STE. 510  
City-State-Zip: MIAMI FL 33131

Title            CFO  
Name           HOYOS, CRISTINA  
Address        1200 BRICKELL AVE., STE. 510  
City-State-Zip: MIAMI FL 33131

Title            DIRECTOR  
Name           CHIN, SAMUEL W  
Address        1200 BRICKELL AVE., STE. 510  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMUEL W CHIN

PRESIDENT

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date